



State Medical Assistance and Services Advisory Council

225 E. 16th Street
Denver, Colorado 80203
September 24, 2014
6:00pm – 7:45pm
MINUTES

ATTENDING:

Council Present: Andrew Davis, An Nguyen, Blaine Olsen, Nancy Stokes (by phone), Peter McNally, Blair Wyles, Ruth O'Brien, Mark Thrun

Council Absent: J. Scott Ellis, Rebecca Lefebvre, Louise Vail, Theresa McCoy, Victoria Vowel, Robert Bremer

HCPF Representatives: Judy Zerzan, Rachel Prodan

CDPHE Representative: Steve Holloway

HCPF Presenters: Kimberley Smith, Barbara Ramsey

Guests: Morgan Nesting (by phone), Steve McQueen

Meeting called to order and August minutes were approved.

Transplant Standards

Kimberley Smith presented the heart and kidney transplant standards. Drafted by healthcare consulting specialists and revised through the benefits collaborative process in 2011. Asked council to look over standards with a critical eye, and asked for suggestions, and/or questions. Judy Zerzan clarified that the transplant policies all require prior authorization, and are the criteria that HCPF wants people to follow. Andrew Davis noted on page 4 of both standards one says active substance use disorder and one has active substance abuse disorder. Kimberley confirmed the standard is “use” and the other one will be corrected.

Division of Intellectual & Developmental Disabilities

Barbara Ramsey presented an overview of the Division of Intellectual & Developmental Disabilities (DIDD). DIDD transitioned to HCPF from the Department of Human Services (CDHS) by an executive order in July 2012 which established the Office of Community Living at HCPF. Governor Hickenlooper charged HCPF, CDPHE, and CDHS with a plan to meet the needs of Coloradans who need long term services, including those with intellectual & developmental disabilities. April 1, 2014 DIDD officially transferred to HCPF. More information on this presentation can be found in the handouts section of the State Medical Assistance and Services Advisory Council page here:

<https://www.colorado.gov/pacific/sites/default/files/Community-Based%20Care%20-%20Serving%20Individuals%20with%20IDD%20in%20CO.pdf>

Question was raised regarding the recent IRS rule to treat waiver as non-taxable income received. Is this something HCPF is looking at? HCPF is planning to redesign what family care giver means, and will have Consumer Directed Attendant Support planned for implementation in SLS in July 2015.

Questions was raised as to whether Community Centered Boards focus on populations or geographical areas? Community Centered Boards vary, but primarily focus on people with intellectual and developmental disabilities, but some have begun to branch out, for instance Rocky Mountain Human Services have branched out to working with people with brain injuries and veterans as well. They are also geographical in that there are 20 geographical areas, and the agency in that geographical area will provide the case management services.

The Community Living Advisory group charged DIDD with the first waiver redesign to use money better as current models are not sustainable with the current projected population growth. The redesign is intended to allow for people to have the greatest freedom possible to live everyday lives with current funding.

Opiate Changes

Judy Zerzan presented an overview of the opiate changes at the department.

Medicaid use overview:

There were 475,000 prescriptions for short acting opiates in a one year period. About half of those were less than a 14 day supply. Most morphine daily does equivalents were less than 100mg, and only 10 percent were over 100mg/per day equivalent. Looking at the risk of overdose – people who used 4 or more pharmacies were at a greater risk of death.

In connection with the Governor's task force on opioid abuse HCPF limited short acting opioids to 4 pills per day/120 pills per 30 days beginning August 1, 2014. Billing system interpreted new limits incorrectly and denied claims for acute pain prescriptions, but this has since been fixed as of August 25, 2014. Point of sale needs to include code for acute pain, and the limits can be overridden.

In the works:

Tramadol is now listed as a controlled substance, and HCPF is looking at imposing limits on this, and is requesting provider feedback.

Intranasal Naloxone can be used if someone has overdosed on opiates to prevent death. Thinking of criteria and seeking feedback.

Buprenorphine for treatment of opiate abuse/dependence and looking at correct taper amounts. Looking at a possible maximum treatment allowance of 24 months.

Long-acting opiates – looking at possibly implementing limits and seeking feedback.

More information on the opioid talking points can be found in the handouts section of the State Medical Assistance and Services Advisory Council page here

<https://www.colorado.gov/pacific/sites/default/files/Opioid%20Talking%20Points.pdf>

Working to also increase use and effectiveness of the PDMP, and seeking ideas and feedback on this process.

HCPF Updates

Budget forecast – budget numbers are looking up. Mostly an increase in jobs. CO is recovering a little faster than other states.

Round Robin

-Will send out CDC update on opioid use.

-Question of rolls within the committee, and what is expected.

- Would like for committee to ask questions, create discussion, and be community ambassadors.

-Some feedback from dentists who want to become a Medicaid provider, but have not received a response in months. Also, some PR issues with DentaQuest and having trouble getting more information.

-Positive feedback and appreciation of working being done.

The meeting adjourned